

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90077 018 \*\*\*\*\*50.00

**DOCUMENT # L99000006955**

1. Entity Name  
**SOMERSET DEVELOPMENT GROUP, L.L.C.**



Principal Place of Business  
**789 DUQUE RD  
LUTZ, FL 33549**

Mailing Address  
**789 DUQUE RD  
LUTZ, FL 33549**

**24061083**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04202004

Chg-LLC

CR2E083 (10/03)

4. FEI Number

**59-3609728**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**THERIAULT, JANE  
789 DUQUE RD  
LUTZ, FL 33549**

7. Name and Address of New Registered Agent

Name **Joseph P. Caetano**

Street Address (P.O. Box Number is Not Acceptable)

**16037 Tampa Palms Blvd. W.**

City **Tampa**

**FL**

Zip Code **33647**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME THERIAULT, JANE ☐ Delete  
STREET ADDRESS 789 DUQUE RD  
CITY-ST-ZIP LUTZ, FL 33549

TITLE MGR  
NAME CERILLO, LOUIS P ☒ Delete  
STREET ADDRESS 9336 WELLINGTON PARK CIR  
CITY-ST-ZIP TAMPA, FL 33647

TITLE MGR  
NAME BEACH, COLIN ☐ Delete  
STREET ADDRESS 7112 WAREHAM DR  
CITY-ST-ZIP TAMPA, FL 33647

TITLE MGR  
NAME CAETANO, JOSEPH P ☐ Delete  
STREET ADDRESS 17202 TELENCE CT  
CITY-ST-ZIP TAMPA, FL 33647

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 008, Florida Statutes.

**SIGNATURE:**

**Joseph P. Caetano**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4/20/04 813 9771145**

Date

Daytime Phone #